



PART B - FEE(S) TRANSMITTAL

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29477 7590 11/04/2004

BEVER HOFFMAN & HARMS, LLP
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01/06/2005 MBEYENE2 00000074 09814025

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC 800 APPLICATION NO. FILING DA 09 OP

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO. CONFIRMATION NO.

09/814,025 03/20/2001 Linard Karklin NTI-004 3002

TITLE OF INVENTION: SYSTEM AND METHOD OF PROVIDING MASK QUALITY CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400	\$300	\$1,700	02/04/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
AZARIAN, SEYED H		2625	382-145000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bever, Hoffman

2. & Harms, LLP

3. Jeanette S. Harms

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Synopsis, Inc.

Mountain View, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

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 The Director is hereby authorized to charge the required fee(s) or credit any overpayment, to Deposit Account Number 50-0574 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 30, 2004

Typed or printed name Jeanette S. Harms

Registration No. 35,537

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